

Biometric Job Request

Project Title:			Date:	
Requestor (Project Lead):			(m/d/yyyy)	
Address Street:		Phone:		
City:	CA Zip:	E-mail:		
CDFG Program (i.e Branch, Program	n, etc.):			
Project Description:				
Statistical Support Needs (i.e samp	ling design, evaluation/re	eview, analysis):		
Specific Statistical Questions:				
Would job require travel?	If so whore?			
Would job require travel? Yes No	If so, where? Reason for the dead	llino		
	Reason for the dead	iline		
Date Needed By:	_			
	Submit o	completed form to Calvin Chun (cchun@	dfg.ca.gov) and Steve Torres (storres@dfg.ca.gov	
For RAP Use Only				
Estimate of time:		Priority:		
Estimated Completion Date:				
Proceed with scheduling: Yes No	0			